

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct inquiries on information maintenance to your IPA Officer.

*FAILURE TO INCLUDE SOCIAL SECURITY NUMBERS MAY DELAY THE CERTIFICATION PROCESS.

☐ SMBE

☐ SWBE

Check One

1. NAME OF FIRM

DOING BUSINESS AS

CALTRANS CERTIFICATION NUMBER

PHYSICAL ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS

CITY

STATE

ZIP

2. MAJORITY OWNER(S) NAME

SOCIAL SECURITY NUMBER*

3. BUSINESS PHONE NUMBER (LIST ONLY ONE)

FAX NUMBER

4. IS THE BUSINESS STREET ADDRESS OR THE BUSINESS PHONE NUMBER THE SAME AS THE RESIDENCE ADDRESS OR PHONE NUMBER?

☐ YES

☐ NO

IF YES, PLEASE EXPLAIN IN ITEM 25 OR ATTACH AN ADDITIONAL SHEET

5. CONTROLLING INTEREST (CHECK APPROPRIATE BOXES)

a. GROUP MEMBERSHIP

ASIAN-PACIFIC

☐ Burma (Mayanmar)

☐ Brunei

☐ Cambodia (Kampuchea)

☐ China

☐ Federated States of Micronesia

☐ Fiji

☐ Guam

☐ Hong Kong

☐ Indonesia

☐ Japan

☐ Juvalu

☐ Kirbati

☐ Korea

☐ Laos

☐ Macao

☐ Malaysia

☐ Northern Marianas

☐ Nauru

☐ Philippines

☐ Samoa

☐ Taiwan

☐ Thailand

☐ Tonga

☐ U.S. Trust Territories of the Pacific Islands (Republic of Palau)

☐ Vietnam

ASIAN-SUBCONTINENT AMERICANS

☐ Bangladesh

☐ Bhutan

☐ India

☐ Maldives Islands

☐ Nepal

☐ Pakistan

☐ Sri Lanka

BLACK AMERICANS

CAUCASIANS

HISPANIC AMERICANS (Regardless of Race)

☐ Cuba

☐ Central or South America

☐ Dominican Republic

☐ Mexico

☐ Portugal

☐ Puerto Rico

☐ Spain

NATIVE AMERICANS

☐ Aleuts

☐ American Indians

☐ Eskimos

☐ Native Hawaiians

SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUALS

OTHER

b. U.S. CITIZEN

☐ YES

☐ NO

c. PERMANENT RESIDENT

☐ YES

☐ NO

d. GENDER

☐ MALE

☐ FEMALE

DOCUMENTED EVIDENCE MAY BE REQUESTED TO SUPPORT EACH OWNER'S CLAIM OF MINORITY OR DISADVANTAGED STATUS.

6. TYPE OF OWNERSHIP (CHECK ONE)

☐ SOLE PROPRIETORSHIP

☐ CORPORATION

☐ PARTNERSHIP

☐ LIMITED LIABILITY COMPANY

DATE BUSINESS STARTED

DATE INCORPORATED

STATE

DATE OF AGREEMENT

7. NATURE OF THIS FIRM'S BUSINESS